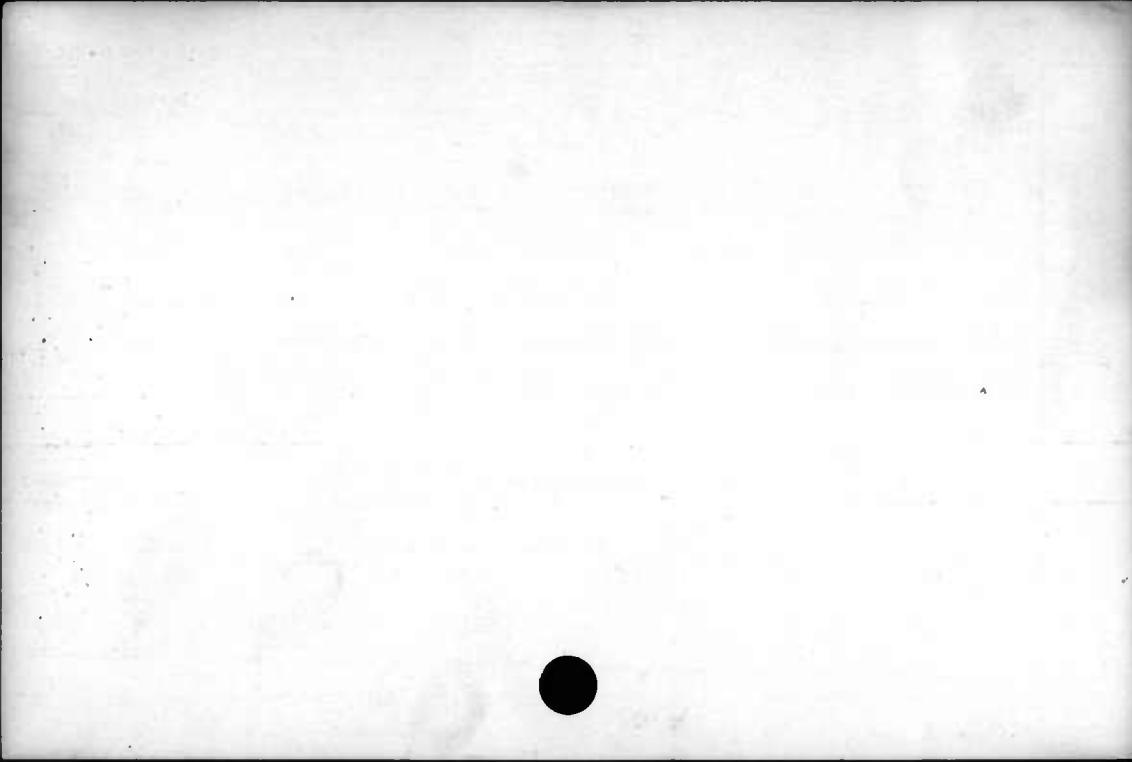


Name in Full		Annie Mariah Bacon				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Horton		Kent				
	Date of death 1902	Month	Day	Years	Months	Days	
	2 Aug		10		64		
	Sex	female		Color or Race	White		Birth-place
	Married, Single or Widowed		Widow		Occupation		- - -
	Name of wife or Husband		Capt George H Bacon				
Father's Name		Josiah Mullica			Father's Birthplace		
Mother's Maiden Name		Rebecca Butterworth			Mother's Birthplace		
Name of person giving information		Mrs Perry Rasin			How related to deceased		
		foster daughter					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Diabetes		50		How long
							4 or 5 years
	Immediate		Diabetic Coma				How long
							2 or 3 days
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Jas. W. Urie	
				Address		8 till Pond	
						Md	
Accident or Suicide?							



Name in Full

Certificate of Death

Elwood Blake

Died <sup>near</sup> Salena <sup>Town</sup> Kent <sup>County</sup> MARYLAND

Date 1902 <sup>Month</sup> 8 <sup>Day</sup> 17 <sup>Y.</sup> — <sup>M.</sup> 3 <sup>D.</sup> — Native of Maryland Occupation —

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband of \_\_\_\_\_  
Wife of \_\_\_\_\_

Father's Name George Blake Mother's Name Louisa Blackiston

Cause of Death { Primary Cholera Infantum | 05 How long sick 3 days  
Immediate \_\_\_\_\_

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by Edward A. Scott, M.D.  
Address Salena Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968



Name in Full

Certificate of Death

Hellen Price

Town

County

Died at

Rock Hall

Kent

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug 7

Age

14

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

0

Husband of

Wife

Father's Name

John Price

Mother's Maiden Name

Lemina Harvey

Cause of

Primary

Summer Catarrh

How long sick

12 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Rock Hall Kent Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Robert A Briseve

Died <sup>year</sup> 1902 at Galena Town Kent County MARYLAND  
 Date Aug 2 Month Aug Day 2 Age 4 Y. 17 M. 19 D. 1902 Native of Kent Co Occupation —  
 Male White Married Widow Divorced —  
 Female Colored Single Widower Number of children living —

Husband — of —  
 Wife —

Father's Name George E. Briseve Mother's Name Cherity E. Carroll  
 Cause of Death { Primary Marasmus How long sick 105  
 Immediate — Accident, Suicide, Homicide —

Reported by Edward Scott G. D.  
 Address Galena Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Mary. Virgin Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Shill Pond.*

Town

*Kent Co*

County

MARYLAND

Date

of death 190

Month

*Aug*

Day

*31*

Years

Age

Months

*2*

Days

*15*

Sex

*Female*Color or  
Race*Colored*Birth-  
place*Kent Co.*Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name*Joe Brown*Father's  
Birthplace*Kent Co*Mother's  
Maiden Name*Sarah Virginia Brown*Mother's  
Birthplace*Kent Co*Name of person giving  
In formation*Joe Brown*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Suffocation from being  
over layed*

How long

*166*

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*E. J. Barmick M.D.*

Address

*Kennedyville.  
Maryland.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Daniel Carroll

Died at *Shavers' Whf.* Town *Krust* County *MARYLAND*

Date 1902 *Aug 16* Month *Aug* Day *16* Y. *105* M. *—* D. *—* Native of *MD* Occupation *Porting*

Male *White* Married *Widow* Divorced *—*

~~Female~~ Colored *Single* Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Primary

Immediate

Immediate

*General Debility*

How long sick

*154*  
Accident, Suicide, Homicide

Reported by

*Clifton Hurst*

Address

*Locust Grove*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Katie Clough

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 Aug 26

Age

33

md

Lady

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Leach Clough

Mother's

Maiden Name

Katherine Clough

Cause of

Primary

Doubt known

How long sick

Death

Immediate

Tuberculosis 27

~~Accident, Suicide, Homicide~~

Reported by

J. C. Huellett

Address

Millington

Kent Co md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2.

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

6 mo.

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893





Name In Full

Certificate of Death

Florence Davis

Town  
Galt

County

Kent

MARYLAND

Died at

Date 189

1902

Month

Aug

Day

6

Y.

M.

D.

Age

4

Native of

Md

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Enteric Politis

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

W. H. M. Jeter

106

Address

Lassapa, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Josephine Dorsey  
 Town County  
 Died at Coleman Kent MARYLAND  
 Date 1902 Aug 6 Age 25 - - Native of Md Occupation House wife  
~~Male~~ ~~Female~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Widower~~  
 Single Number of children living none

Husband of George H Dorsey  
 Wife  
 Father's Name John Jones Mother's Maiden Name Mary Wilson  
 Cause of Death Primary Immediate General Congestion.  
 How long sick 5 Days.  
 Accident, Suicide, Homicide

Reported by Am. S. Maxwell, 179  
 Address Still Pond, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Columan

Name  
in  
Full

Sevenia Ford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>still Pond</i> <sup>Town</sup>		<i>Hent</i> <sup>County</sup>		MARYLAND	
Date of death 1902	Month <i>Aug</i>	Day <i>13</i>	Years Age <i>24</i>	Months —	Days —
Sex <i>female</i>	Color or Race <i>Black</i>		Birth- place <i>Ind</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
<del>Name of Wife or</del> Husband <i>Raymond Ford</i>					
Father's Name <i>Perry Chambers</i>		Father's Birthplace <i>Ind</i>			
Mother's - Maiden Name <i>Saura Wright</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving In formation <i>Ramond Ford</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever.</i>	How long <i>10 days.</i>
Immediate <i>Heart failure.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W.S. Maxwell.</i>
	Address <i>still Pond, Md.</i>
Accident or Suicide?	

Still Pound

Name In Full

Certificate of Death

Estella Maus Frazer

Town

County

MARYLAND

Died at

Perry Neck Kent Co.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Aug. 13

Age

17 0 8

Md.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Peritonitis

Death

Immediate

Exhaustion

How long sick

21 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full

Certificate of Death

Anna Louise Haggard,

Town

Leah

County

Kent

MARYLAND

Died at

Date

1902

Month

Day

Aug

17

Y.

M.

D.

Native of

Ind

Occupation

Age

60

~~Male~~

Female

~~White~~

Colored

~~Married~~

Single

Widow

~~Widower~~

Divorced

Number of children living

5

Husband

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Endocarditis

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

H M Jeter M.D.

Address

Larropus Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edward Jackson

Town

County

MARYLAND

Died at *Cotman**Kent*

Date 1902 Aug 1

Month Day

Age 55 - -

Y. M. D.

Native of

Occupation

Male

*Aug 1*

Age

*55 - -**ind**laborer*~~Female~~~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

*four*

Husband of

*Lottie Snowden**120*

Father's

Mother's

Name

Maiden Name

Cause of Primary

Primary

*Bright Disease 8 years*

How long sick

Death Immediate

Immediate

*Exhaustion*

Accident, Suicide, Homicide

Reported by

*Jas. W. Urie M. D.*

Address

*Still Pond Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Charles Henry Raymond Johnson

near millington Town Brent County MARYLAND

Died at Date 19 02 8 18 Month Day Y. M. D. Age 6 md Native of Occupation  
Male White Married Widow Divorced  
Colored Single Widower Number of children living

Husband of Wife  
Fether's Name John W Johnson Mother's Maiden Name Lona Johnson

Cause of Death { Primary Accidental Infocation Immediate Accidental Infocation How long sick Accident, Suicide, Homicide

Reported by Dr J. J. Jacob  
Address Millington Md 166

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Body Reviewed by Geo C. —  
Townsend Justice Peace  
in company of the Doctor  
W. H. Good

Name In Full

Certificate of Death

Lemuel Johnson.

Town

Galena

County

North

MARYLAND

Died at

Date 189

1902

Month

Aug

Day

5

Y.

23

M.

D.

Native of

Md

Occupation

Farm hand

Male

☒ White☒ Married

Widow

☐ Divorced☐ Female

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
Name

Wilson Johnson.

Mother's  
Name

Lillie Johnson.

Cause of

Primary

Visceral Malaria

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

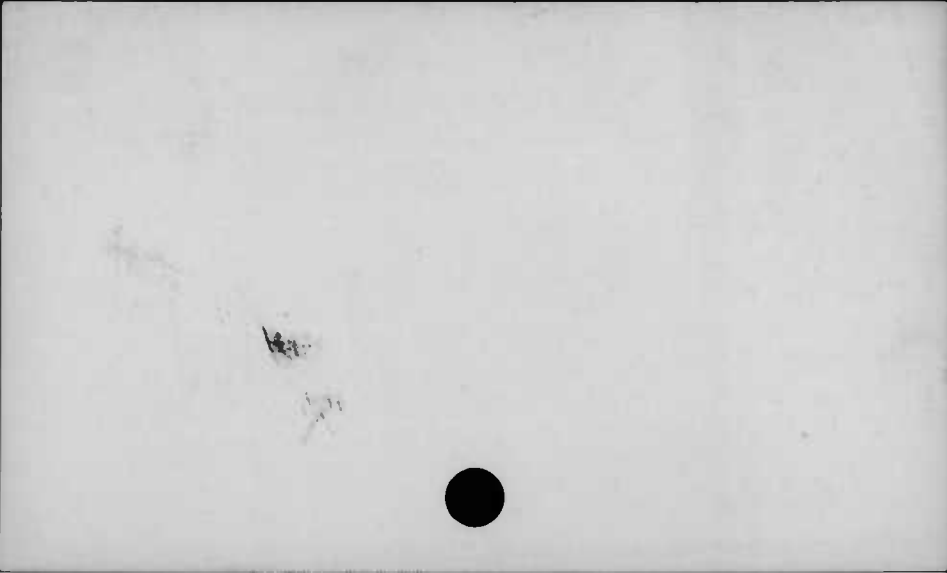
W H M. Jeter,

Address

Lassapra.

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Elmer T Meeks

Town

County

Died at Near Worton

Kent

MARYLAND

Month Day

Y.

M.

D.

Native of

Occupation

Date 1901 Aug 28

Age

1 - 7 -

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

Husband of

Wife

Father's

Name

Frank H Meeks

Mother's

Maiden Name

Dora B Scotten

Cause of

Primary

Euler's Colitis

How long sick

10 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Wm. S. Maxwell

Address

Still Pond.

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Catharine V. Meredith

Died at <sup>Town</sup> Chestertown <sup>County</sup> Kent

MARYLAND

1902      Month      Day      Y.      M.      D.      Native of      Occupation  
 Date ~~1902~~      Aug. 15      Age 84 ? ?      Penna.      Not employed.  
~~Male~~      ~~White~~      ~~Married~~      ~~Widow~~      ~~Divorced~~  
 Female      ~~Colored~~      ~~Single~~      ~~Widower~~      Number of children living

Husband  
ofFather's  
NameMother's  
Name

Cause of      Primary      Ulcer of Stomach;      How long sick      1 year.  
 Death      Immediate      Hemorrhage of Stomach      Accident, Suicide, Homicide

Reported by

H. Benge Simmons

Address

Chestertown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name In Full

Certificate of Death

Geo. Edward Mitchell

Died at Chestertown Town Kent County MARYLAND

Date 1902 Aug 14 Month Aug Day 14 Y. 1 M. 1 D. 1 Native of Kent Co Occupation                     

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ Colored Single ~~Widower~~ Number of children living                     

Husband of

Wife

Father's Name Wm. Mitchell Mother's Name Helmi Carroll  
 Maiden Name                     

Cause of Death { Primary Dysentery Immediate Exhaustion } How long sick 5 days  
105  
 { Accident, Suicide, Homicide }

Reported by H. G. Simpers

Address

Chestertown Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Annie E. Reed

TOWN

County

Died at

1902

Date 189

Month

8

Day

7

Age

Y.

2

M.

8

D.

-

Native of

Md

Occupation

MARYLAND

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Wm E. Reed

Mother's

Name

Maggie Matthews

Cause of

Primary

Exhaustion

179

How long sick

1 month

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

W Frank Harris MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Wm Lorge. Bicketts.

Town

Galt

County

Kerch

MARYLAND

Died at

Date 189 1902

Month

Aug 15

Day

Y.

60

M. D.

Native of

Md

Occupation

Farmer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Valvular Heart disease

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

D. H. M. Jeter

Address

Lassaprus Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70045



Name  
in  
Full

*John W. Rickman*

CERTIFICATE OF DEATH

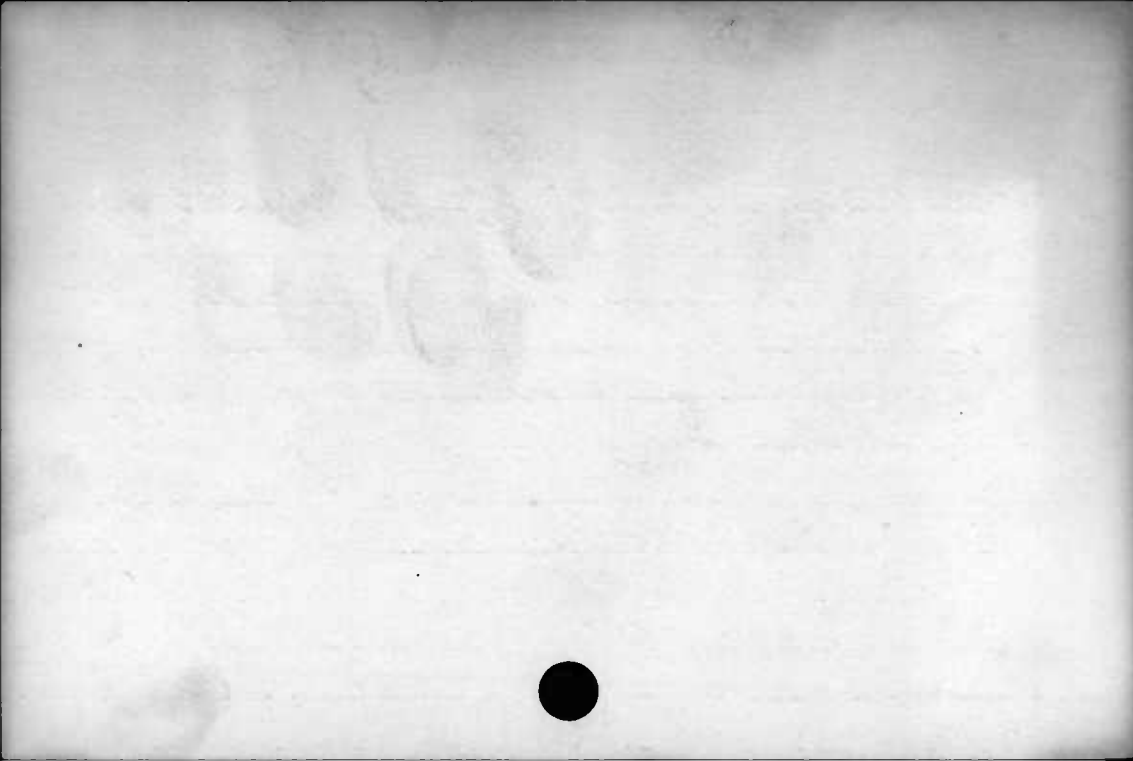
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chester</i>		Town <i>Chester</i>		County <i>1 Am.</i>		MARYLAND	
Date of death 1902	Month <i>Aug.</i>	Day <i>1</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>	Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Chester</i>		<i>town</i>	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Chas St. R. Rickman</i>				Father's Birthplace <i>Id.</i>			
Mother's Maiden Name <i>Hannah, Jarman</i>				Mother's Birthplace <i>Ms.</i>			
Name of person giving In formation <i>Father</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantis</i>	How long <i>105</i>	How long <i>2 mo</i>
Immediate <i>Eruption</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. W. H. Walcott M.D.</i>	
	Address <i>Chester town Md</i>	
Accident or Suicide?		



Name in Full

Certificate of Death

Louis Ringgold

Died at <sup>Town</sup> Chestertown <sup>County</sup> Kent MARYLAND

Date 1902 <sup>Month</sup> Aug <sup>Day</sup> 30 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Kent <sup>Occupation</sup> Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Mary Lindsay  
 Wife  
 Father's Name Geo. Ringgold Mother's Name Lizzie Bondley  
 Maiden Name

Cause of <sup>Primary</sup> Peritonitis How long sick 9 days  
 Death <sup>Immediate</sup> Collapse 116 ~~Accident, Suicide, Homicide~~

Reported by H. G. Simpson 1 M. W.  
 Address Chestertown Kent. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Frank P. Rust

Town

County

Died at

Chestertown

Kent

MARYLAND

Date 19

02 Aug. 27

Age

11 - - -

Native of

Md.

Occupation

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

30

Wife

Father's

Name

Ruth Rust

Mother's

Maiden Name

M.E. Waddell

Cause of

Primary

Caries of Spine

How long sick

8 yrs.

Death

Immediate

Pyemia

Accident, Suicide, Homicide

Reported by

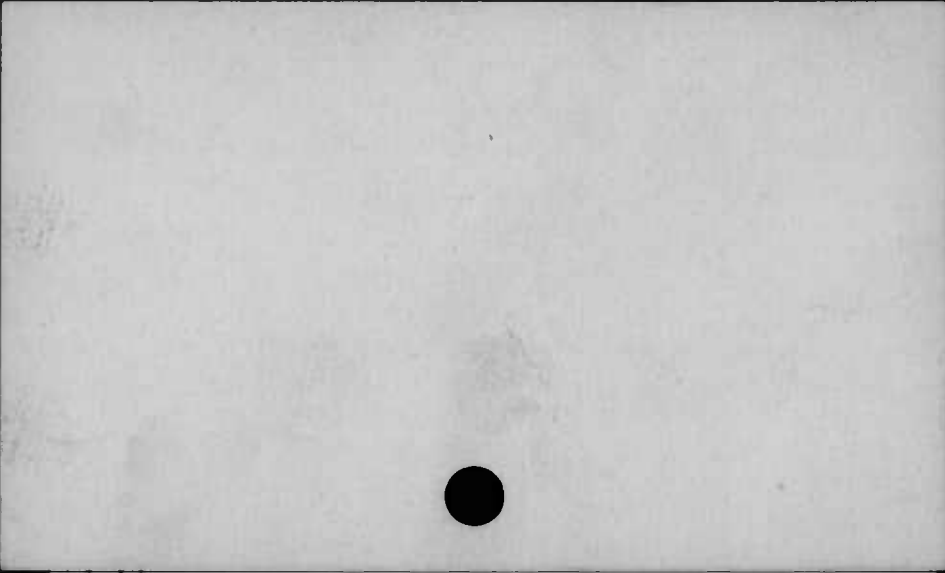
H.L. Duggan, M.D.

Address

Chestertown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Marguerite Stoffer.  
 Town County

MARYLAND

Died at Jurgenee Kent Co  
 Month Day Y. M. D. Native of Occupation

Date 1902 Aug. 11 Age 1 7 Ind.  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband  
 of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Wm. Stoffer Catherine Blackston  
It had long cough.

How long sick

4 weeks.

Death

Immediate

Bronchial pneumonia

~~Accident, Suicide, Homicide~~

Reported by

E. I. Barnick, M.D.

Address

Kennedysville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Albert Whitely

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8

17

Age

1.14

Ma

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

M. J. H. Whitely

Mother's

Name

Mary A. Kirby

Cause of

Primary

Gastro-Enteritis

How long sick

3 weeks

Death

Immediate

Infection

~~Accident, Suicide, Homicide~~

Reported by

W. Frank Hume's

Address

Chestertown

MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79295



Annie P. Wright

Town

County

Died at *Boleman**Kent*

MARYLAND

Date 1902 *Aug 6* Month Day

Age

Y.

M.

D.

Native of

Occupation

*8 10**Ind*~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Coleman